

**SOUTHEASTERN UNIVERSITY**  
**ACADEMIC SUCCESS**  
**ACCOMMODATION EXAM**

Professor: \_\_\_\_\_ Extension: \_\_\_\_\_

Class: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Date to be completed: \_\_\_\_\_

For Student (Name, ID#): \_\_\_\_\_

More than one student taking exam? \_\_\_\_\_

Number of exams given to Office of Academic Success: \_\_\_\_\_

List students taking exam (or attach a list):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Instructions for exam:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle how you would like your exam(s) returned:

Return by:    Campus Mail        Pick-up (Date \_\_\_\_\_)        Delivery (to office)

Return Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_